

**Kentucky Behavioral Telehealth Network (KBTN) HCP 17229  
Tuesday, October 30, 2012 FCC Docket Number 02-60  
Kentucky River Community Care, Inc. Quarterly Data Report Requirements  
APPENDIX D – Pages 73-75 of Federal Communications  
Commission FCC 07-198**

**1. Project Contact and Coordination Information**

a. Identify the project leader(s) and respective business affiliations.

**Ernestine Weems**  
**Kentucky River Community Care, Inc.**  
**178 Community Way**  
**PO Box 794**  
**Jackson, KY 41339**  
**Phone: 606-666-9006**  
**Fax: 606-666-5487**  
[ernie.howard@ccdminc.org](mailto:ernie.howard@ccdminc.org)

**Debbie Lickliter, Project Assistant Coordinator**  
**Kentucky River Community Care, Inc.**  
**115 Rockwood Lane Hazard, KY 41701**  
**Phone: 606-436-5761**  
**Fax: 606-436-5797**  
[debbie.lickliter@krccnet.com](mailto:debbie.lickliter@krccnet.com)

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

**Ernestine Weems**  
**Kentucky River Community Care, Inc.**  
**178 Community Way**  
**PO Box 794 Jackson, KY 41339**  
**Phone: 606-666-9006**  
**Fax: 606-666-5487**  
**ernie.howard@ccdminc.org**

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

**Kentucky River Community Care, Inc.**  
**178 Community Way**  
**PO Box 794**  
**Jackson, KY 41339**  
**Phone: 606-666-9006**  
**Fax: 606-666-5840**

d. Explain how project is being coordinated throughout the state or region.

**Kentucky River Community Care, Inc., the lead agency in the Kentucky Behavioral Telehealth Network (KBTN) has designated the above named staff to coordinate the KBTN project. The Kentucky agencies that are a part of the KBTN receive email updates and hold group meetings to discuss changes or news in the KBTN as needed to make decisions, discuss changes and share news on the KBTN project.**

**During the past quarter communications have included emails, telephone calls and written correspondence requesting/providing specific information regarding sites, site substitutions, addresses, site surveys, and acceptance letters of participation. KBTN has received additional requests from approved partners and will be submitting site substitution requests to replace those sites that withdrew.**

**KRCC is now completed the 467 Connection Certificate for the HUB location and placed the order from the MCU to connect all the KBTN sites. The MCU will allow the KBTN partners to share resources including but not limited to clinicians, nurse practitioners and psychiatrists as well as allow continuing education events to occur.**

**We continue to contact network participants to discuss their participation with the Kentucky Behavioral Telehealth Network. There is no longer a use definition misconception; however the reality continues to be that 1. potential KBTN partners' site needs have changed and continue to change; 2. the economy has strained Agencies' operating budget such that several partners anticipated available funding to purchase equipment for the new data lines has diminished due to financial changes in their agency's revenue/budgets 3. the most significant change/barrier is the State of Kentucky's decision to contract with three Managed Care Organizations implementing Medicaid Managed Care in the State effective July, 2011. However, one of the outcomes of these managed care changes have been to create an enormous administrative burden on the participants and delays in processing and paying claims has critically affected Agencies cash flow during this time of transition. The delays continue to be a factor and now some of the managed care companies are denying traditional core services. As well as enforcing a change from a fee for service model to a capitated model.**

**This complex system change continues to effect providers with enormous clinical, administrative and financial burden because systems continue to be required to be modified to receive claims from all the different Medicaid providers in the State. Redesigning billing systems has assumed priority, consequently, removing focus from implementing new data lines to serving their clients and maintaining their business operations. The severity of this system change has influenced employee layoffs, programs closing and lawsuits.**

**KBTN has 7 partners confirmed in the network with 24 planned connected sites. One partner had technology barriers in the proposed model and withdrew from the network, and one partner will connect via a VPN connection.**

**Our goal continues to be to increase access to traditional primary and specialty medical model health services for the people we serve, not to replace the psychosocial rehabilitation model prevalent within most community mental health centers with just a medical model.**

**Persons with mental illness benefit from psychosocial rehabilitation and integrated dual diagnosis treatment as well as traditional medical primary and specialty care. When access to medical care is made difficult for a particular type of psychosocial rehabilitation clinic because of distance, lack of providers or immediate access to medical information recovery and rehabilitation suffers.**

## **2. Identify all health care facilities included in the network.**

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
  - i. Public or non-public;
  - ii. Not-for-profit or for-profit;
  - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

**Following is a listing of the health care facilities and community mental health centers identified as potential participants for the KBTN network. As of today these health care facilities are scheduled participating partners in the KBTN Network: Kentucky River Community Care, Inc., Pennyroyal Center MH-MR Board Inc., Appalachian Regional Health Care Psychiatric Center, Pathways, Inc., Lifeskills, Inc., Mountain Comprehensive Care Center, Inc., The Adanta, Cumberland River Comprehensive Care Center, Inc., River Valley Behavioral Health and Four River Behavioral Health.**

**KBTN has received and completed 466-A packages for 9 partners.**

<i><b>Facility Name</b></i>	<i><b>Address/Zip Code</b></i>	<i><b>County</b></i>	<i><b>RUCA</b></i>	<i><b>Census Tract</b></i>	<i><b>Phone Number</b></i>	<i><b>Public or Non Public</b></i>	<i><b>Profit status</b></i>	<i><b>Eligible or ineligible provider</b></i>
Kentucky River Community Care, Inc.	PO Box 794 Jackson KY 41339	Breathitt	10	980300	606-666-9006	non-public	not for profit	Eligible, Kentucky licensed community mental health agency
Adanta	259 Parkers Mill Road Somerset KY 42501	Pulaski	4	990800	606-679-4782	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Appalachian Regional Healthcare	102 Medical Center Drive Hazard KY 41701	Perry	7	970500	606-439-6713	non public	not for profit	Eligible, JCAHO accredited hospital
River Valley Behavior Health	PO Box 1637 Owensboro KY 42302-1637	Daviess	1	000500	270-689-6500	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Lifeskills, Inc.	PO Box 6499 Bowling Green KY 42102-6499	Warren	4	010100	270-901-5000	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Cumberland River Mental Health	PO Box 568 Corbin KY 40702	Whitley	7	971000	606-528-7010	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Pennyroyal Regional Center	PO Box 614 Hopkinsville KY 42241-0614	Christian	4	200200	270-886-2205	non public	not for profit	Eligible, Kentucky licensed community mental health agency

<i>Facility Name</i>	<i>Address/Zip Code</i>	<i>County</i>	<i>RUCA</i>	<i>Census Tract</i>	<i>Phone Number</i>	<i>Public or Non Public</i>	<i>Profit status</i>	<i>Eligible or ineligible provider</i>
Pathways, Inc.	PO Box 790 Ashland KY 41101	Boyd	1	030300	606-329-8588	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Mountain Comprehensive Care Center	150 South Front Avenue Prestonsburg KY 41653	Floyd	10	980200	606-8868572	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Four Rivers Behavior Health	425 Broadway Suite 201 Paducah KY 42001	McCracken	4	030300	270-4421452	non public	not for profit	Eligible, Kentucky licensed community mental health agency

**3. Network Narrative:** In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;

With the completion of the competitive bidding process KBTN selected Windstream Communications, Inc. as the vendor. Windstream operates the Kentucky Public Education Network (KPEN) which is an MPLS network. The Windstream approach in deploying MPLS networks is to do one site at a time, starting with the Host site. The disaster recovery site was completed second. Windstream requires a Site Survey form before initiating orders. Information will include the Site Name (critical for future reference regarding possible repair issues), customer contact, and telephone number. Other critical information requires IP addressing for each site, customer must provide their sub-nets to be routed on the network and gateway addresses for the CE and PE Routers. KRCC has completed the gateway IP addressing scheme. Once each office has been established on the MPLS network, Windstream will do a test and turn-up for that site with our DSTAC group. Only after DSTAC has accepted the order will the Project Coordinator establish a conference bridge that will involve someone with KRCC or the local site coordinator and our DSTAC, at this point the office will be "live" and the order passed once it has been accepted by the designated representative.

The KPEN network is supported by a 10Gig Core with diversity and redundancy. The 10-Gig core nodes are located in Lexington, Louisville, London, and Elizabethtown. A network drawing is attached. The Windstream MPLS network provides security thru cloud-based FortiGate Firewall systems. Reliability on the network is provisioned over diverse fiber facilities and hardware redundancy. KBTN will be provided access to CROS (Cisco Remote Operations Service). This web portal provides KBTN the following: Network Availability, Ticket Management, Network Performance, Requests for Change, Configuration Management Database, Company and Account Information. Windstream is already a major provider of MPLS services on the KIH2 contract serving approximately 520 state agency offices as a subcontractor to AT&T. Video services from CVC already traverses the Windstream MPLS network.

- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;

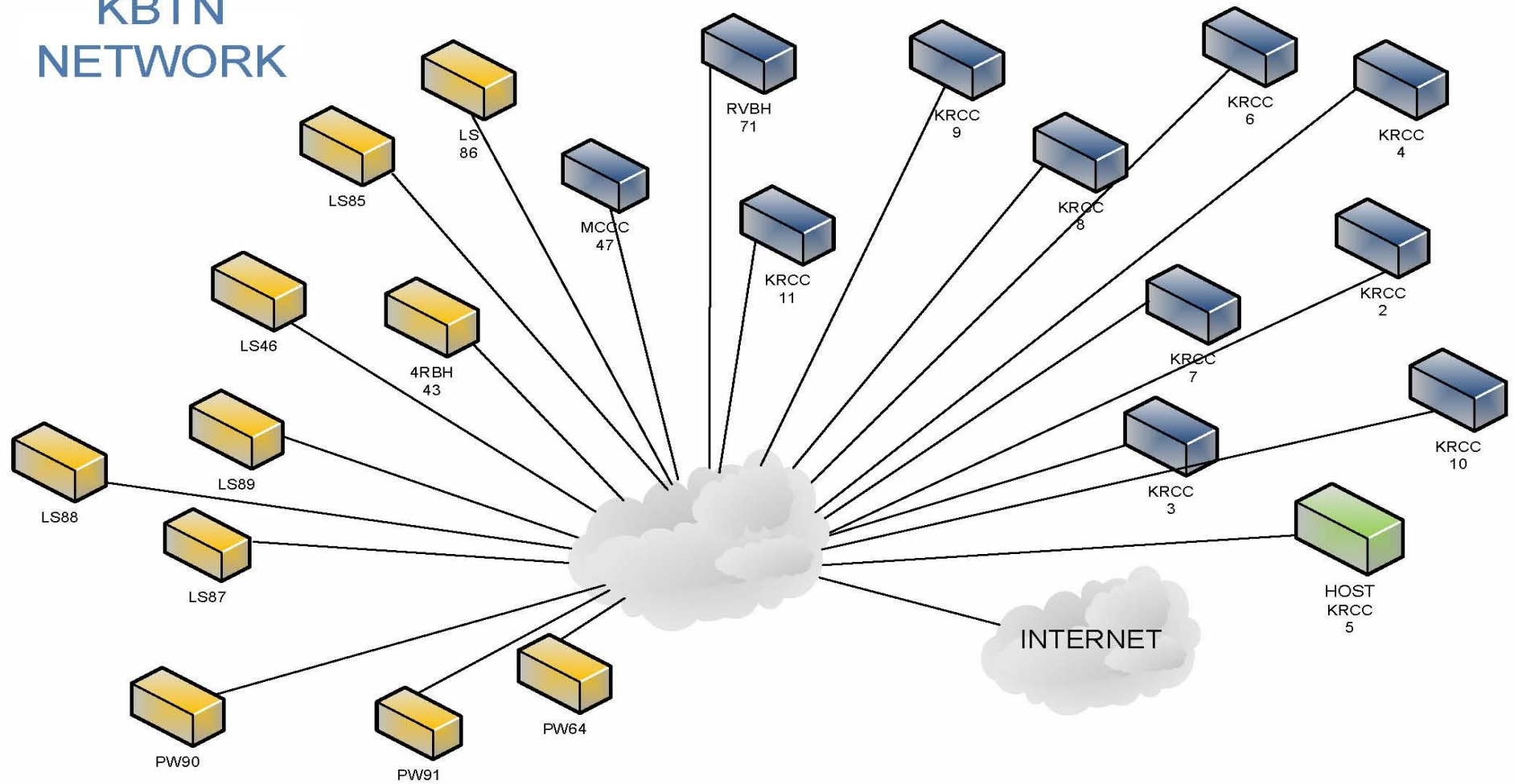
**4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.**

- a. Health care provider site:
- b. Eligible provider (yes/No):
- c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC#, Metro Ethernet (10 Mbps);
- f. Gateway to NLR, Internet2, or the Public Internet (yes/No); Federal Communications Commission FCC 07-19874
- g. Site Equipment (e.g., router, switch, SONET SDM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.

**Please see the following in the following table:**

<b><i>Facility Name</i></b>	<b><i>Connected ? Yes/No</i></b>	<b><i>Type of Network (i.e. fiber, copper, wireless</i></b>	<b><i>How connection provided (i.e. carrier, self-constructed, leased)</i></b>	<b><i>Service Speed</i></b>	<b><i>Gateway to NLR, Internet2, Public Internet? Yes/No</i></b>	<b><i>Site Equipment</i></b>	<b><i>Logical Diagram or Map of Network</i></b>
Kentucky River Community Care, Inc.	Yes	Fiber	leased	45	Yes	Yes	See Attached
Appalachian Regional Healthcare	No	N/A	N/A	N/A	N/A	N/A	N/A
River Valley Behavior Health	No	N/A	N/A	N/A	N/A	N/A	N/A
Lifeskills, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A
Pathways, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A
Mountain Comprehensive Care Center	No	N/A	N/A	N/A	N/A	N/A	N/A
Four Rivers Behavior Health	No	N/A	N/A	N/A	N/A	N/A	N/A





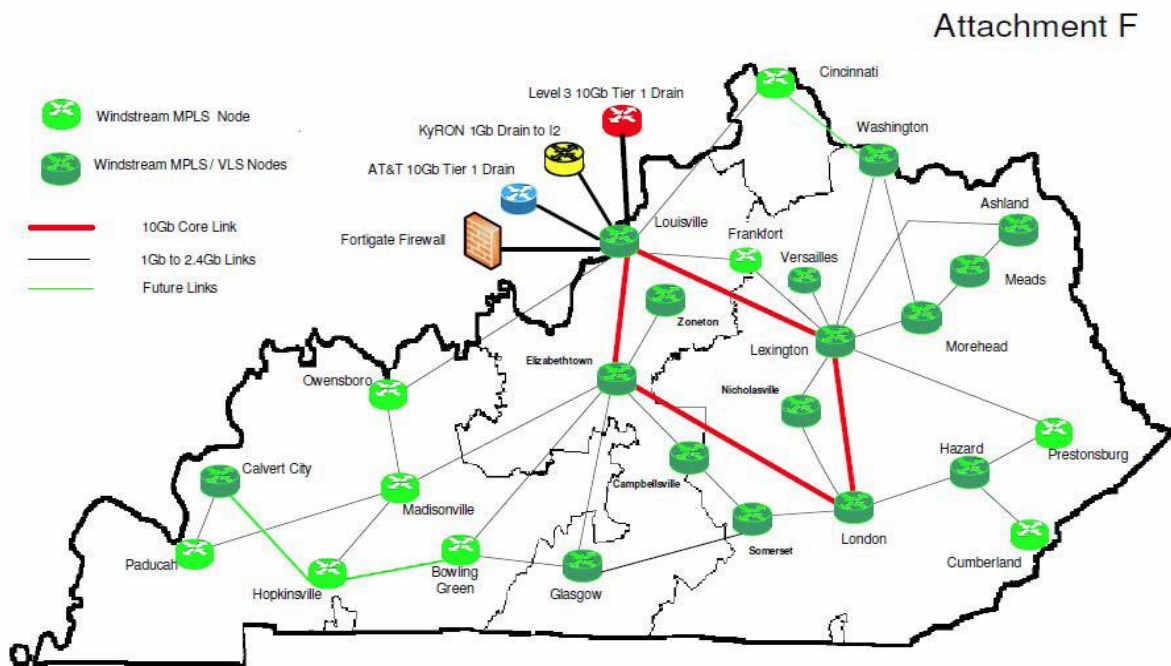
MCCC – Mountain Comprehensive Care Center (1)  
4RBH – Four Rivers Behavioral Health (1)  
LS – Lifeskills, Inc.(6)

## Network Diagram Attachment

# App # Location where service is provided

1	5 Breathitt Outpatient	3830 Hwy 15 South; Jackson, KY 41339	Kentucky River Community Care, Inc.
2	2 Caney Creek Center	6740 Hwy 899; Pippa Passes, KY 41844	Kentucky River Community Care, Inc.
2	3 Owsley TR	Rt 3 Box 229 Hwy 11 South; Booneville, KY 41314	Kentucky River Community Care, Inc.
2	4 Letcher TR/ADTC	1094 Childs Branch Road; Jenkins, KY 41537	Kentucky River Community Care, Inc.
2	6 Knott County Outpatient	3476 West Hwy 80; Emmalena, KY 41740	Kentucky River Community Care, Inc.
2	7 Lee County Outpatient	1060 Grand Avenue; Beattyville, KY 41311	Kentucky River Community Care, Inc.
2	8 Leslie County Outpatient	26 Fire house Lane; Hyden, KY 41749	Kentucky River Community Care, Inc.
2	9 Letcher County Outpatient	3367 Hwy 119N; Mayking, KY 41837	Kentucky River Community Care, Inc.
2	10 Perry County Outpatient	115 Rockwood Lane; Hazard, KY 41701	Kentucky River Community Care, Inc.
2	11 Wolfe County Outpatient	129 Kentucky 15 North; Campton, KY 41301	Kentucky River Community Care, Inc.
2	47 Floyd Outpatient Clinic	104 South Front Avenue; Prestonsburg, KY 41653	Mountain Comprehensive Care Center
2	71 Cigar Factory Complex	1100 Walnut Street; Owensboro, KY 42302-1637	River Valley Behavioral health
3	43 Four Rivers Behavioral Health	425 Broadway; Paducah, KY 42001	Four Rivers
3	46 Lifeskills, Inc.	380 Suwanee Trail Street; Bowling Green, KY 42103	Lifeskills, Inc.
3	64 Boyd Co. Outpatient Clinic	3701 Landsdown Dr.; Ashland, KY 41105.0790	Pathways, Inc.
3	85 Allen County Service Center	512 Bowling Green Road; Scottsville, KY 42164	Lifeskills, Inc.
3	86 Barren County Service Center	608 Happy Valley Road; Glasgow, KY 42142	Lifeskills, Inc.
3	87 Edmonson County Service Center	205 Mohawk; Brownsville, KY 42210	Lifeskills, Inc.
3	88 Metcalfe County Service Center	112 Sartin Drive; Edmonton, KY 42129	Lifeskills, Inc.
3	89 Monroe County Service Center	800 North Main Street; Tompkinsville, KY 42167	Lifeskills, Inc.
3	90 Montgomery County Outpatient	300 Foxglove Drive; Mt. Sterling, KY 40353	Pathways, Inc.
3	91 Greenup County Outpatient	57 Dora Lane; Greenup, KY 41144	Pathways, Inc.

Access to the internet on KPEN is done via the Host MPLS Circuit. The attached network drawing identifies how this is done using VLANs from the Windstream provided Ethernet switch. Windstream's proposed network configuration includes internet access via the Host site in Jackson plus the disaster recovery site in Hazard. Windstream is a Tier 2 provider of Internet services with separate and diverse 10Gig internet feeds going to AT&T and Level 3. The network feeds are configured based on load-balancing and also fail-over in case one of the internet feeds fails.



c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;

Windstream is permitting KPEN services to KBTN. As part of the contract with KPEN, the network is constantly monitored; any link that exceeds 50% utilization must be upgraded in order to accommodate total diversity for all traffic to fail-over. The KPEN network is also linked to another higher education network referred to KRON (Kentucky Regional Optical Network). This high speed fiber based DWDM platform provides direct 10Gig connectivity to selected universities. Windstream is the provider of KRON. It is the KRON network that provides the highway to allow access to Internet 2 (I2). For access to I2 services KRCC must secure approval from the Council for Postsecondary Education (CPE). Windstream can provide both administrative and technical assistance to KRCC in meetings with CPE officials to discuss I2 access.

d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

**Windstream has evaluated each site by researching that location using Google and CARRIE, an industry standard telecommunications web portal to identify sites and the local carriers via the serving NPA/NXX for that site. Windstream can provide services to all sites listed on the 465 attachment. The installation of buried or aerial fiber is the responsibility of the local carrier and the pricing for this is included in the installation charges. Unless the connection is 10 Mb or larger fiber is not required.**

e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

**KBTN will be provided access to CROS (Cisco Remote Operations Service). This web portal provides KBTN the following: Network Availability, Ticket Management, Network Performance, Requests for Change, Configuration Management Database, Company and Account Information.**

**5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.**

**Several sites were turned up during this past quarter and several continue to be tested. The first site was installed in July and invoicing began for equipment and data lines and internet access, however, we continue to work through this process to ensure payment. See Attached spreadsheet.**

- a. Network Design;
- b. Network Equipment, including engineering and installation;
- c. Infrastructure Deployment/Outside Plant;
  - i. Engineering;
  - ii. Construction;
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services;
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere);
- g. Other Non-Recurring and Recurring Costs

## KBTN Pricing List

Bandwidth	Monthly Network Port	KBTN Monthly	Monthly Local Loop	KBTN Monthly	Monthly TOTAL	KBTN Total Monthly	Installation	KBTN Installation
1.5Mbps	\$426.60	\$63.99	\$400.00	\$60.00	\$874.00	\$123.99	\$500.00	\$75.00
3Mbps	\$853.20	\$127.98	\$800.00	\$120.00	\$1,748.00	\$247.98	\$1,000.00	\$150.00
4.5Mbps	\$1,279.80	\$191.97	\$1,200.00	\$180.00	\$2,622.00	\$371.97	\$1,500.00	\$225.00
6Mbps	\$1,706.40	\$255.96	\$1,600.00	\$240.00	\$3,496.00	\$495.96	\$2,000.00	\$300.00
10Mbps	\$849.00	\$127.35	\$2,600.00	\$390.00	\$3,544.00	\$517.35	\$500.00	\$75.00
25Mbps	\$1,029.60	\$154.44	\$2,600.00	\$390.00	\$3,744.00	\$544.44	\$500.00	\$75.00
45Mbps	\$1,209.60	\$181.44	\$2,600.00	\$390.00	\$3,944.00	\$571.44	\$500.00	\$75.00
65Mbps	\$1,389.60	\$208.44	\$3,500.00	\$525.00	\$5,044.00	\$733.44	\$500.00	\$75.00
100Mbps	\$1,479.60	\$221.94	\$3,500.00	\$525.00	\$5,144.00	\$746.94	\$500.00	\$75.00
155Mbps	\$1,749.60	\$262.44	\$3,500.00	\$525.00	\$5,444.00	\$787.44	\$500.00	\$75.00
622Mbps	\$2,109.60	\$316.44	\$3,500.00	\$525.00	\$5,844.00	\$841.44	\$500.00	\$75.00
GigE	\$3,009.60	\$451.44	\$3,500.00	\$525.00	\$6,844.00	\$976.44	\$500.00	\$75.00

### Other KPEN Services and Monthly Rates

Item	Monthly Rate	KBTN	Installation	KBTN Installation
Internet - per Mb	\$6.00	\$0.90	\$250.00	\$37.50
QoS per Site	\$50.00	\$7.50	\$500.00	\$75.00
Additional VPN	\$149.00	\$22.35	\$500.00	\$75.00

KPEN Change Request Standard	\$250.00	\$37.50
KPEN Change Request Expedite	\$500.00	\$75.00

Prices in gray are for KBTN eligible participants only

**6. Describe how costs have been apportioned and the sources of the funds to pay them:**



## Kentucky Behavioral Telehealth Network

Site Name	County	Bandwidth	Monthly Circuit Cost	Annual Cost Network Circuit	Internet @ \$6 per Mb	QOS	Taxes Fees @ 20%	Annual Total	One Time Expenses & Installation	Project Total	FCC Portion 85%	KBTN Commitm ent 15%	KIH t1 plus taxes & fees	Savings
Kentucky River Community Care Inc Caney Creek Center	Knott	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	42345.47	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Owsley TR	Owsley	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	42345.47	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Letcher TR/ADTC	Letcher	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	42345.47	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Breathitt County Outpatient	Breathitt	45	\$3,530	\$42,360	396	797.8	\$8,472.0	\$52,026	\$8,080	164141.92	\$139,521	\$24,621	\$16,560	(\$8,061)
Kentucky River Community Care Inc Knott County Outpatient	Knott	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	42345.47	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Lee County Outpatient	Lee	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	42345.47	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Leslie County Outpatient	Leslie	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	42345.47	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Letcher County Outpatient	Letcher	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	42345.47	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Perry County Outpatient	Perry	45	\$3,944	\$47,328	1080	600	\$9,465.6	\$58,474	\$8,790	184210.64	\$156,579	\$27,632	\$16,560	(\$11,072)
Kentucky River Community Care Inc Wolfe County Outpatient	Wolfe	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	42345.47	\$35,994	\$6,352	\$16,560	\$10,208
Appalachian Regional Healthcare Psychiatric Center	Perry	0		\$0	0		\$0.0	\$0		\$0	\$0	\$0		\$0
Appalachian Regional Healthcare Medical Center	Perry	0		\$0	0		\$0.0	\$0		\$0	\$0	\$0		\$0
Four Rivers Behavioral Health	McCracken	10	\$3,544	\$42,528	216	600	\$8,505.6	\$51,850	\$3,039	158587.47	\$134,799	\$23,788	\$16,560	(\$7,228)
Lifeskills, Inc.	Warren	45	\$3,944	\$47,328	2160	600	\$9,465.6	\$59,554	\$3,039	181699.47	\$154,445	\$27,255	\$16,560	(\$10,695)
Mountain Comprehensive Care Center Johnson County Outpatient	Johnson	1.5	\$874	\$10,488	216	600	\$2,097.6	\$13,402	\$2,789	42993.47	\$36,544	\$6,449	\$16,560	\$10,111
Pathways, Inc. Boyd Co. Outpatient Clinic	Boyd	45	\$3,944	\$47,328	3240	600	\$9,465.6	\$60,634	\$3,039	184939.47	\$157,199	\$27,741	\$16,560	(\$11,181)
River Valley Behavioral Health Cigar Factory Complex	Daviess	10	\$3,544	\$42,528	216	600	\$8,505.6	\$51,850	\$2,789	158337.47	\$134,587	\$23,751	\$16,560	(\$7,191)
Lifeskills, Inc. Allen county Service Center	Allen	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,539	81500.27	\$69,275	\$12,225	\$16,560	\$4,335

Site Name	County	Bandwidth	Monthly Circuit Cost	Annual Cost Network Circuit	Internet @ \$6 per Mb	QOS	Taxes Fees @ 20%	Annual Total	One Time Expenses & Installation	Project Total	FCC Portion 85%	KBTN Commitment 15%	KIH t1 plus taxes & fees	Savings
Lifeskills, Inc. Barren County Service Center	Barren	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,539	81500.27	\$69,275	\$12,225	\$16,560	\$4,335
Lifeskills, Inc. Edmonson County Service Center	Edmonson	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,539	81500.27	\$69,275	\$12,225	\$16,560	\$4,335
Lifeskills, Inc. Metcalfe County Service Center	Metcalfe	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,539	81500.27	\$69,275	\$12,225	\$16,560	\$4,335
Lifeskills, Inc. Monroe County Service Center	Monroe	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,539	81500.27	\$69,275	\$12,225	\$16,560	\$4,335
Pathways, Inc. Montgomery County Outpatient	Montgomery	10	\$3,544	\$42,528	720	600	\$8,505.6	\$52,354	\$3,039	160099.47	\$136,085	\$24,015	\$16,560	(\$7,455)
Pathways, Inc. Greenup Co. Outpatient Clinic	Greenup	10	\$3,544	\$42,528	720	600	\$8,505.6	\$52,354	\$3,039	160099.47	\$136,085	\$24,015	\$16,560	(\$7,455)

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

**Please see spreadsheet above.**

- b. Describe the source of funds from:
  - i. Eligible Pilot Program network participants  
**Local funds**
  - ii. Ineligible Pilot Program network participants  
**Local funds**

- c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

**None at this time.**

- i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

**Medicaid, Medicare, self pay and private insurance**

- ii. Identify the respective amounts and remaining time for such assistance.  
**Please see above spreadsheet.**

- c. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program

**Unknown at this time.**

**7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network. An issue that has impacted upon ineligible entities.** No technical requirements to report this quarter.

**8. Provide an update on the project management plan, detailing:**

- a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

**The current Project Coordinator had a name change this quarter and the Assistant Coordinator changed to Debbie Lickliter due to the prior Coordinator taking a different position with the Agency.**

- b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project

- c. deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site



is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverable

Project Timeline as of March 31, 2012

Site Name	County	Bandwidth	Expected Installation	Installation Year
Kentucky River Community Care Inc. Caney Creek Center	Knott	1.5	Fall	2012
Kentucky River Community Care Inc. Owsley TR	Owsley	1.5	Fall	2012
Kentucky River Community Care Inc. Letcher TR/ADTC	Letcher	1.5	Fall	2012
Kentucky River Community Care Inc. Breathitt County Outpatient	Breathitt	45	Fall	2012
Kentucky River Community Care Inc. Knott County Outpatient	Knott	1.5	Fall	2012
Kentucky River Community Care Inc. Lee County Outpatient	Lee	1.5	Fall	2012
Kentucky River Community Care Inc. Leslie County Outpatient	Leslie	1.5	Fall	2012
Kentucky River Community Care Inc. Letcher County Outpatient	Letcher	1.5	Fall	2012
Kentucky River Community Care Inc. Perry County Outpatient	Perry	45	Fall	2012
Kentucky River Community Care Inc. Wolfe County Outpatient	Wolfe	1.5	Fall	2012

Site Name	County	Bandwidth	Expected Installation	Installation Year
Appalachian Regional Healthcare Psychiatric Center	Perry	0	Summer	2012
Appalachian Regional Healthcare Medical Center	Perry	0	Summer	2012
Four Rivers Behavioral Health	McCracken	10	Fall	2012
Lifeskills, Inc.	Warren	45	Fall	2012
Lifeskills, Inc.	Allen	3	Fall	2012
Lifeskills, Inc.	Barren	3	Fall	2012
Lifeskills, Inc.	Edmonson	3	Fall	2012
Lifeskills, Inc.	Metcalf	3	Fall	2012
Lifeskills, Inc.	Monroe	3	Fall	2012
Mountain Comprehensive Care Center Johnson County Outpatient	Johnson	1.5	Fall	2012
Pathways, Inc. Boyd Co. Outpatient Clinic	Boyd	45	Fall	2012
Pathways, Inc. Greenup Co. Outpatient Clinic	Greenup	10	Fall	2012
River Valley Behavioral Health Cigar Factory Complex	Daviess	10	Fall	2012

**9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.**

Kentucky is fortunate because there is currently legal support for Telehealth and eHealth in Kentucky Law. Behavioral health services, particularly services provided by psychiatrist, a nurse practitioner, LCSW and CSW's are approved Medicaid billable services in Kentucky. The providers in the KBIN network are by and large behavioral health providers. Since we are still in the network implementation stage, we do not yet have firm cost projections of the likely costs or the possible needed off-setting service revenue necessary to sustain the network.

Kentucky Medicaid Managed Care contracts tight implementation deadlines of October, 2011, shifted focus for the KBTN participants to the imposed Kentucky Managed Care deadlines. Because of these unexpected pressures to comply with the States Managed Care deadlines. Managed Care continues to be a primary focus with new contracts being developed by the Managed Care entities. However, once in place, the Managed Care initiative should include rates for ehealth services that should assist in sustaining the state wide KBTN model.

Another avenue for sustain options include a Kentucky eHealth board and a Kentucky Health Information Exchange (KHIE) as a model for developing the interchange of health information among providers, hospitals and payers. The KHIE will be designing the software for translation between health care provider information systems electronic health records to facilitate access to health information. These activities are led by the former Kentucky Lt. Governor Dan Mongiardo, MD, who as a physician and surgeon has a strong interest in Telehealth and eHealth. The KBTN sustain resources could come from the specialized health information funding being developed on both state and federal levels.

If all else fails, we plan to seek support from the FCC's current rural health care program and the partial subsidy provided under that program once the RHC-PP resources are lapsed. Based upon our current participation in that rural program we expect significant savings will accrue to help offset the higher costs of Telehealth broadband requirement. Our expectation is that with starting the drawdown of FCC funds in 2012, we expect that we will have a 3-5 year program that would take us into 2016 before we would need to sustain funding.

Another significant roadblock at this time is the funding for the end user equipment and switches we need for multipoint connectivity and instant point to point connectivity. KRCC received a USDA grant and bids for the MCU and four sites have been received. The vendor for the MCU was selected in June, 2012 documentation was submitted to authorize the purchase of the equipment and the equipment has been ordered. Other end user equipment will be the responsibility of each participant.

**Minimum 15% Funding Match.** Each KBTN site will be billed for its share of the sites in the network. These matching funds will come from general revenue of the health care provider. Insurance revenue for the Telehealth services would include overhead expenses such as telecommunications costs.

KBTN partners expect revenue will increase because of the Kentucky statutes allowing for billing of Telehealth services. Furthermore, because of the ability to receive continuing education credits via the Telehealth network, providers will pay less money for travel and keep healthcare staff on site to see patients the same day they attend a continuing education session or on the travel days that would have otherwise occurred. KBTN expects a cost savings of over 10,000 per circuit to participate in the network now. Costs savings now will benefit the development of a long term business plan to maintain the network.

### **Project Sustainability Period**

The KBTN will require continuous upgrades of equipment to maintain pace with tele-technology advances, but the connections and initial investment of space/location and hookups will be one-time expenses. Careful planning and design have engineers projecting that long term, ten years availability of the equipment and telecommunications circuits is not unreasonable expectations. While, the ten years sustainability plan is purely speculative, in these turbulent health care reform times, even 5 years of productive use would net a system improvement that would create improved medical care access and lower health costs. The health care system and customer will find value in these services, so the ten year sustainability period is achievable and our aim.

<b>KBTN 10 Year Budget</b>					
<b>Years</b>	<b>RHCPP/RP Expenses</b>	<b>Rural Health Care Regular Program</b>	<b>Partner Expenses including billing costs</b>	<b>Total Expenses</b>	<b>Patient Revenue</b>
<b>1-3</b>	<b>\$2,856,101</b>	<b>0</b>	<b>563,000</b>	<b>\$3,419,101</b>	<b>\$836,000</b>
<b>3-6</b>	<b>0</b>	<b>1,350,000</b>	<b>1,350,000</b>	<b>\$2,700,000</b>	<b>\$1,400,000</b>
<b>7-10</b>	<b>0</b>	<b>1,350,000</b>	<b>1,350,000</b>	<b>\$2,700,000</b>	<b>\$2,000,000</b>
<b>Total</b>	<b>\$2,856,101</b>	<b>2,700,000</b>	<b>3,263,000</b>	<b>\$5,400,000</b>	<b>\$4,236,000</b>

## **Principal Factors**

The principal factors of the ten year sustainability plan are the billability of Telehealth services, continued implementation of the Affordable Care Act, US government maintenance of Medicare and Medicaid health care supports, and integration of behavioral health and physical health services using the Accountable Care Organization models. While all of these factors are beyond the control of the KBTN, strategically responding to these external events predicates new service delivery systems including Telehealth.

KBTN will make it possible for all member partners to be more cost effective to meet the demands of the changing health care marketplace.

## **Terms of Membership in the Network**

The terms of membership in the KBTN are month to month intervals predicated on bids from telecommunications providers that are reasonable and cost effective in a changing health care marketplace. If the ground rules change each health care provider will independently determine if they wish to continue the network services.

## **Excess Capacity**

The KBTN does not plan to purchase excess capacity.

## **Ownership Structure**

Each KBTN partner will purchase their own end user equipment including any local switches not covered by the RHCPP. Ownership will fall to the local site and not any of the other partners. As lead agency for the KBTN, Kentucky River Community care signs contracts and conducts business on behalf of the network and appoints the Project Coordinator.

## **Sources of Future Support**

Each of the partners agrees to making the network successful and implementing the KBTN goals over the next ten years. The narrative above outlines our sources of future support which includes generating revenue from patient services sufficient to break even with the additional support of the Rural Health Care Regular Program.

## **Management of the Network**

The lead agency in the KBTN, Kentucky River Community Care, Inc. assumes responsibility for the management of the network as we have for the past three years. Once the network is operational, if there are additional management costs the KBTN partners will discuss and arrive at a mechanism for appropriating funds and administering the program. The KBTN partners frequently co-manage projects and have a history of being able to resolve management issues. There will be on-going administrative expenses for the next decades just to be able to submit invoices to USAC and to comply with other programmatic requirements of the Pilot Program. KBTN will have these expenses prorated and submitted as

**part of each member's monthly invoice.**

**10. Provide detail on how the supported network has advanced telemedicine benefits:**

**The network has not achieved the implementation goals for all locations but is moving forward to achieve the goals. USAC has been very helpful in assisting during the implementation phase.**

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative Telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis

**11. Provide detail on how the supported network has complied with HHS health IT initiatives:**

**The network has not yet complied with any HHS health IT initiatives.**

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for

Public Response as a resource for Telehealth inventory and for the implementation of other preparedness and response initiatives; and

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations

**12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.**

**While the selected participants have not yet coordinated their health care networks with HHS or the CDC, part of the protocols that will need to be developed will focus upon coordination of health care information with those federal and state agencies involved with public health emergencies and responses to terrorism. The Kentucky Health Information Exchange will also need to develop these sorts of protocols so that the public impact of pandemics and terrorist acts can be minimized.**